

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: BEST CONCRETE INC
BUSINESS STREET ADDRESS: 2055 SW 139 AVE ZIP 33325
BUSINESS MAILING ADDRESS: _____ ZIP _____
BUSINESS PHONE: 472-1759
DESCRIBE TYPE OF BUSINESS: CONCRETE PLACING & FINISHING
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>LESLIE HARRELL</u>	<u>2055 SW 139 AVE</u>	<u>33325</u>	<u>472-1759</u>
2. <u>Georgann Harrell</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

LESLIE W HARRELL
Print Owner or Officers Name and Title

Leslie Harrell
Signature of Owner or Officer

Office Use Only: Date <u>12/13/99</u> Category <u>05806</u> Fee <u>78.75</u> Rec# <u>389793</u> New <input checked="" type="checkbox"/> Trans _____		
License # <u>0013207</u>	Control # <u>11312</u>	Zoning <u>R-1</u> <u>(Oak Hill)</u>
Council approval Required _____ Yes _____ No _____	Zoning Approval _____	Date _____
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____
TOWN CLERK APPROVAL _____		